

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 123
Registered No. 105

1. PLACE OF BIRTH

County Gila, State _____
District or Township Globe, or Village _____
City Globe, No. Across F.R. Shops, St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jaun Moya, { If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Male.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate? <u>Yes.</u>	6. Date of birth <u>5. 6. 1926</u> Month Day Year
		5. No., in order of birth _____		

8. FATHER
Full name Angel Moya,

9. Residence (Usual place of abode) Globe,
If non-resident, give place and state. Ariz.

10. Color or race Mex
11. Age at last birthday 44 (Years)

12. Birthplace (city or place) _____
(State or country) Mexico

13. Occupation Wood-chopper,
Nature of industry

14. MOTHER
Full maiden name Teresa Castelo,

15. Residence (Usual place of abode) Globe,
If non-resident, give place and state. Ariz.

16. Color or race Mex.
17. Age at last birthday 29 (Years)

18. Birthplace (city or place) _____
(State or country) Mexico

19. Occupation Housewife,
Nature of industry

20. Number of children of this mother <u>8</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>5</u> (b) Born alive but now dead <u>3</u> (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum?
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 4 A. M. on the date above stated
(Born alive or stillborn.)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Y. E. Wright Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Ariz.
Month, day, year _____ Filed May 31, 1926 _____
Registrar _____ Registrar

141-506-336

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.